DATE:	PAGE	OF

PROBATION AND PAROLE ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS TREATMENT SERVICES INVOICE

(PART A)

1.	Judicial District	 3. B.P.A.#		
2.	Vendor	 4. Service Delivery:	FROM	ТО
a. Addr	a. Address:	 5. Total #		
	b. Telephone:	 Individuals Served:		

Vendors Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from either the client or the United States District Court.

		Authorized Administrator				
6. PROJECT CODE	7. QUANTITY	8. UNIT PRICE	9. TOTAL PRICE			
	Totals:					
	Co-Pay Received:					
	SC 1501/Administrative	e Fee: (10%)				

Balance Due:

PROBATION AND PAROLE ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS TREATMENT SERVICES INVOICE

INVOICE

(PART B)

Subtotal all costs for each client listed below:

Subtotal all costs for each client listed below: 5.								
1.CLIENT NAME	2.CLIENT NUMBER	3. DATES OF SERVICE	4. SERVICE RENDERED	QUANTITY (UNITS)	6. UNIT PRICE	7. COST	8. CO-PAY REQUIRED	9. CO-PAY RECEIVED
otals								